January 2008

Fact Sheet

Co-Occurring Disorders

What Are Co-Occurring Disorders (COD)

COD refers to co-occurring substance use (abuse or dependence) and mental disorders. Clients with COD have one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of COD occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder. Many may think of the typical person with COD as having a severe mental disorder combined with a severe substance use disorder, such as schizophrenia combined with alcohol dependence. However, counselors working in addiction agencies are more likely to see persons with severe addiction combined with mild- to moderate-severity mental disorders; an example would be a person with alcohol dependence combined with a depressive disorder or an anxiety disorder. Efforts to provide treatment that will meet the unique needs of people with COD have gained momentum over the past two decades in both substance abuse treatment and mental health services settings.

In the late 1970s, practitioners began to recognize that the presence of substance abuse, in combination with mental disorders, had profound and troubling implications for treatment outcomes. This growing awareness has culminated in today's emphasis on the need to recognize and address the interrelationship of these disorders through new approaches and appropriate adaptations of traditional treatment. In the decades from the 1970s to the present, substance abuse treatment programs typically reported that 50 to 75 percent of their clients had COD, while corresponding mental health settings cited proportions of 20 to 50 percent. During the same period of time, a body of knowledge has evolved that clarifies the treatment challenges presented by the combination of substance use and mental disorders and illuminates the likelihood of poorer outcomes for such clients in the absence of targeted treatment efforts.

The integration of substance abuse treatment and mental health services for persons with COD has become a major treatment initiative. Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively; the term refers broadly to any mechanism by which treatment interventions for COD are combined within a primary treatment relationship or service setting. As such, integrated treatment reflects the longstanding concern within substance abuse treatment programs for treating the whole person, and recognizes the importance of ensuring that entry into any *one* system can provide access to *all* needed systems.[1]

California's COD Workgroup

In October 2002 the Directors of the Department of Alcohol and Drug Programs (ADP) and the Department of Mental Health (DMH) established the COD Workgroup to recommend strategies for improving treatment outcomes for persons with COD. In 2004, the COD Workgroup released its final report that noted target populations along with strategies. This report can be accessed at:

http://www.adp.ca.gov/COD/index.shtml

The Mental Health Services Act (MHSA)

In 2004, California voters passed the MHSA as Proposition 63. Two key tenets of the MHSA are: 1) Effective services for people with serious mental illness must include "whatever it takes" for recovery, and 2) Those services must be integrated. "Whatever it takes" refers to funding for a wide array of clinical and supportive

[1] Center for Substance Abuse Treatment. *Substance Abuse Treatment for Persons With Co-Occurring Disorders.* Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3922. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

services beyond mental health care, notably including such things as housing and treatment for COD. Integrated refers to services that are concurrently delivered by a coordination team of caregivers, often sharing single sites. Among the most important services to integrate are mental health and treatment for alcohol and other chemical dependency.

In 2005, the DMH provided MHSA funding to the ADP for the expansion of the COD Unit. The COD Unit is a collaborative effort between the two departments and works to accomplish the goals of the MHSA.

The Mental Health Services Oversight and Accountability Commission (MHSOAC)

The MHSOAC was created to provide oversight, accountability and leadership on issues related to the implementation of the MHSA. Recently, the MHSOAC Report on COD delivered the following key findings:

1. Approximately one-half of the people who have one of these conditions - a mental illness or a substance abuse disorder - also have the other condition. The proportion of co-morbidity may be even higher in adolescent populations.

2. Availability of integrated treatment for mental health and substance abuse problems is currently the exception rather than the rule.

3. Numerous studies demonstrate that integrated care is necessary for successful treatment of COD. Other care models, such as sequential or parallel care, have very limited effectiveness.

4. It appears that the AB 34 programs and other Adult System of Care programs in the mental health system are the only significant publicly-funded programs offering integrated care in mental health or substance abuse treatment facilities. Virtually all other programs provide treatment for only mental health or substance abuse. Most private insurance coverage and other treatment for mental health or substance abuse are similarly separated.

5. Insufficient support for integrated COD programs leads to a paucity of both treatment facilities and properly trained clinicians. Both are essential to provide the full spectrum of necessary care. The lack of such facilities and experts restricts access to service not just for outpatient care, but also for inpatient mental health units with COD capability.

6. Kaiser Permanente's data indicates that the cost of providing the substance abuse services is more than offset by the savings in physical health care. As a result, they provide unlimited substance abuse treatment, even when it is neither funded nor mandatory.

7. People with COD are disproportionately represented in the criminal justice system, largely as a consequence of the lack of access to mental health and substance abuse services.

8. Law enforcement officials and judges frequently find that individuals are incarcerated simply due to the lack of available treatment options for mental health and substance abuse.

9. People with mental illness in prison do not receive adequate or appropriate care. Prison health officials are not sufficiently trained in offering rehabilitative and recovery-oriented services which would prepare an individual with mental illness for success after discharge.

10. People with COD have high recidivism rates in the prison system.

11. A pilot program begun in 2000 showed that the recidivism rate can be significantly reduced by offering such care to parolees with severe mental illnesses.[2]

[2] Mental Health Services Oversight and Accountability Commission Report on Co-Occurring Disorders, Second Draft, 2007.